



STATE OF DELAWARE DEPARTMENT OF INSURANCE
2005 ANNUAL FEES ASSESSMENT FORM
FOR THE CALENDAR YEAR 2005, DUE MARCH 1, 2006

Original Report ☐

Amended Report ☐

DPO-HMO-HSC

MAILING INSTRUCTIONS

Attach Check Here

The Delaware Insurance Department has established a lockbox operation for the collection of taxes and fees. This completed 2005 Annual Fees Assessment Form and accompanying check must be **received** at one of the bank addresses listed below on or before March 1, 2006. Filings received after that date will be considered late and the company may be subject to an administrative penalty of \$100.00 per business day until the filing is received. *Please note: The Delaware Insurance Department uses a "received by" date, not a postmark date.*

If using U.S. Postal Service:

Delaware Insurance Department
c/o National City Bank
6705 Reliable Parkway
Chicago, IL 60686

If using Courier or Express Service:

Delaware Insurance Department
c/o National City Bank
Attention: Lockbox # 6705
5635 S. Archer Ave.
Chicago, IL 60638-1656

COMPANY INFORMATION AND MAILING ADDRESS

If this address or any other Company information changed during the calendar year, Check this Box → ☐

Company Name: _____
Contact Person: _____
Contact E-mail: _____
Contact Phone and Ext.: _____ Fax: _____
Contact Address: _____
City - State - Country - Zip + 4: _____

Federal E.I.N. #: _____
N.A.I.C. #: _____
N.A.I.C. Group #: _____
State of Domicile (abbr.): _____

Questions should be directed to:
Mrs. Ann Fletcher
Premium Tax Coordinator
E-mail: Ann.Fletcher@state.de.us

PAYMENT INFORMATION (Select One)

NOTE: Authorization Agreement approval required for ACH Credit Option

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ACH CREDIT

Enter Transmittal Date: _____

CHECK

Enter Check Number: _____

Make check payable to "Delaware Insurance Department"

ANNUAL TAX AND/OR FEES

1. Certificate of Authority Renewal Fee:	\$	_____
2. Annual Statement Filing Fee:	\$	100.00
3. Fraud Prevention Bureau Annual Fee:	\$	550.00
4. TOTAL AMOUNT DUE:	\$	_____

AFFIDAVIT

In accordance with 18 Del. C., §702 (a), the Premium Tax and Fees Report shall be verified by the oath or affirmation of the President and Secretary or other responsible officer of the insurer, duly administered by a person authorized to administer oaths.

STATE of _____, COUNTY of _____, on this _____ day of _____ 2006, before me, the subscriber, personally appeared _____ (PRESIDENT), and _____ (SECRETARY) of the above named Insurer who being duly sworn (or affirmed) deposes and says that this report and all schedules are true, correct, and complete.

Company Officer Signature

Title

Company Officer Signature

Title

(Company Seal)

If signed by Company Officer other than President or Secretary, state reason: _____

SWORN TO (OR AFFIRMED) AND SUBSCRIBED BEFORE ME THE DAY AND YEAR AFORESAID.

Signature (Notary Public)

Date Commission Expires

(Notary Seal)